

a surgical procedure is suggested—anything from cataract removal to a knee cartilage operation—a specialist of the appropriate discipline should be called for a second opinion rather than a member of the holistic community. I think that this will not only lead to better patient relationships but also will improve surgical results.

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## REFERENCES

1. Raskind R, Metcalf JS, Weiss SR, et al: Chronic subdural hematoma in the elderly: A curable lesion. *J Am Geriatr Soc* 18:451-457, Apr 1968
2. Raskind R, Glover MB, Weiss SR: Chronic subdural hematoma in the elderly: A challenge in diagnosis and treatment. *J Am Geriatr Soc* 20:330-334, Jul 1972

## Dehumanizing Jargon

TO THE EDITOR: While deploring the degradation of the English language in the medical realm, the Special Communication "Babel in Medicine?" by Leon Morgenstern and its companion editorial "Will It Be Babble, Babel or Clarity of Language?" (both in the August issue) fail to discuss fully a far more critical reflection of the jargon so accurately portrayed in "Rounds with the Chief."

Dr. Morgenstern briefly alludes to what I feel is the key issue: the "degradation of the . . . beleaguered patient." Referring to a person as "an organ, a disease, an operation, a bed or a room" can only be verbal expression of a coldly dehumanizing attitude which does not consider the whole person. Neglected are the patient's thought processes, belief systems, emotions, and social and family relations which influence and are influenced by the course of his or her illness.

Even more disturbing is how pervasively this jargon and concomitant perspective are incorporated into the professional *modus operandi* developed by medical students and residents. It is difficult not to be affected by powerful socializing and indoctrinating forces inherent in our training. Conforming to exemplified behavior and attitude has the obvious advantages of pleasing one's superiors (thus gaining favorable evaluations and recommendations) and facilitating adaptation to the intense and stressful environment of a teaching hospital. It is far easier to fit into the mold than to conscientiously develop a philosophy and style of patient care, based on one's inherent idealism, by openly confronting the myriad challenges our work entails and experiencing the fulfillment, frustration, pain or anger they

evoke. But most important, developing professionalism is tempered by examples, good or bad, of other people working in the medical system. On several occasions I have heard medical students, housestaff or even attending physicians refer to the "auto versus auto" or "the prostate," but cannot recall more than a rare instance of anyone present speaking out to suggest a more humanistic approach. If indeed "teachers as well as students are the keepers of the flame," then consideration, compassion and respect for patients must be ranked as more important than having complete data for the Chief on rounds, citing journal references with alacrity or producing obscure differential diagnoses.

As repeatedly pointed out in this journal's forum "Orthodox Medicine, Humanistic Medicine and Holistic Health Care," have not the "concepts of humanity, love, kindness and sensitivity"<sup>1</sup> since Hippocrates been basic tenets of an "orthodox" system that has "always encompassed the whole person"?<sup>2</sup> Besides, by maintaining an approach that considers foremost the human beings, not the pathologic conditions, perhaps one can at the same time save the "clarity, accuracy and grammatical purity" of the English language.

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## REFERENCES

1. Weisskopf A: Holism since Hippocrates, *In* Orthodox medicine, humanistic medicine and holistic health care—A forum. *West J Med* 132:544, Jun 1980
2. Wilbur DL: A balance of science and art, *In* Orthodox medicine, humanistic medicine and holistic health care—A forum. *West J Med* 132:84-85, Jan 1980

## Medicine in the Work Place

TO THE EDITOR: Bravo! Dr. Garry S. Brody's brief article, "Holistic Medicine and Unscientific Cults" (*West J Med* 133:172-173, Aug 1980), is excellent.

Several years ago I was doing a dressing change on the tiny hand of a very young patient and noticed 100 percent takes of small full thickness skin grafts used to correct postburn contractures of three fingers. A nurse's aide standing by exclaimed "Isn't it marvelous what they can do these days."

What *they* can do? Hell, I did it. Institutions, committees, boards, organizations don't *do* things. Individual human beings *do* things.

Talk is cheap and there is sure a lot of it these days. If one's son has an osteogenic sarcoma of the leg, one wants to find someone who can *do* something about it—not someone who can *talk* about